## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

Application or Docket Number

10/531756

| (Column 1) (Column 2)   |  |   |   |                                   |                           |                                 |              | SMALL ENT           | MALL ENTITY PE OR      |                            | OTHER THAN SMALL ENTITY |                        |
|---|--|---|---|-----------------------------------|---------------------------|---------------------------------|--------------|---------------------|------------------------|----------------------------|-------------------------|------------------------|
| U.S. NATIONAL STAGE FEES  |  |   |   |                                   |                           |                                 |              | RATE                | FEE                    | 7                          | RATE                    | FEE                    |
| BASIC FEE   |  |   | SMALL ENT. = \$ 150   |                                   | LARC                      | GE ENT. = \$ 300                |              | BASIC FEE           |                        | OR                         | ļ                       | 300                    |
| EXAMINATION FEE   |  |   | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100                        |                                   |                           | ther situations = 100 / \$ 200  |              | EXAM. FEE           |                        | 1                          | EXAM. FEE               | 200                    |
| SEARCH FEE  |  |   | U.S. is ISA = \$50 / \$ 100<br>ALL other countries =<br>\$ 200 / \$ 400 |                                   | All ot                    | her situations = 5 250 / \$ 500 |              | SEARCH FEE          |                        |                            | SEARCH FEE              | 400                    |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minus 100 =   |                                   |                           | / 50 =                          |              | X \$ 125 =          |                        | 1                          | X \$ 250 =              | <del> </del>           |
| TOTAL CHARGEABLE CLAIMS   |  |   | 1 & min   | nus 20 =                          | *                         |                                 |              | X \$ 25 =           |                        | OR                         | X \$ 50 =               | <del> </del>           |
| INDE  | EPENDENT CL                                    | 3 minus 3 = .   |   |                                   | •                         |                                 | X \$ 100 =   | ·                   | OR                     | X \$ 200 =                 | <del></del>             |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |   |                                   |                           | Ì                               | + \$ 180 =   |                     | OR                     | + \$ 360 =                 |                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2      |  |   |   |                                   |                           |                                 | L            | TOTAL               |                        | OR                         | TOTAL                   | 900                    |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)  CLAIMS HIGHEST |  |   |   |                                   |                           | r                               | SMALL ENTITY |                     | OR                     | OTHER THAN<br>SMALL ENTITY |                         |                        |
| ENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |   | PREVIO<br>PAID                    | IBER<br>OUSLY             | PRESENT<br>EXTRA                |              | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                    | ADDI-<br>TIONAL<br>FEE |
| AMENDMENT   | Total  | *   | Minus   | **                                |                           | = .                             | L            | X \$ 25 =           |                        | OR                         | X \$ 50 =               |                        |
| AME   | Independent                                    | *   | Minus   | ***                               |                           | =                               | -            | X \$ 100 =          |                        | OR                         | X \$ 200 =              |                        |
|   | FIRST PRES                                     | SENTATION OF M  | IULTIPLE DEPE   | ENDENT (                          | CLAIM                     |                                 | L            | + \$ 180 =          |                        | OR                         | + \$ 360 =              |                        |
|   |  |   |   |                                   |                           |                                 | 1            | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE     |                        |
|   |  | (Column 1)  | ·<br>   | (Colun                            |                           | (Column 3)                      | _            |                     |                        |                            | •                       |                        |
| MENT B  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |   | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>OUSLY              | PRESENT<br>EXTRA                |              | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                    | ADDI-<br>TIONAL<br>FEE |
| NDME  | Total  | *   | Minus   | **                                |                           | =                               | . [          | X \$ 25 =           |                        | OR                         | X \$ 50 =               |                        |
| AMEND   | Independent                                    | *   | Minus   | ***                               |                           | =                               |              | X \$ 100 =          |                        | OR                         | X \$ 200 =              |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |   |                                   |                           |                                 |              | + \$ 180 =          |                        | OR                         | + \$ 360 =              |                        |
|   |  |   | -   |                                   |                           |                                 | 1            | TOTAL ADDIT.<br>FEE |                        | OR                         | TOTAL ADDIT.<br>FEE     |                        |
| ***   | If the "Highest Nu<br>If the "Highest Nu       | umn 1 is less than the<br>umber Previously Pai<br>umber Previously Paid<br>mber Previously Paid | id For" IN THIS SPA<br>id For" IN THIS SPA                              | ACE is less<br>ACE is less        | s than '20<br>s than '3', | 0', enter "20".<br>, enter "3". | n the        | appropriate box     | in column 1.           |                            |                         |                        |